

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Dec 7, 2017 Case Number: 18-40

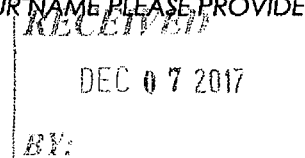
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Jenna Manacki
Premise Name: Banfield Pet Hospital
Premise Address: 25372 N Lake Pleasant Hwy
City: Peoria State: AZ Zip Code: 85383
Telephone: 623-775-9056

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Christopher Webber
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Axel Webber
Breed/Species: German Shepherd
Age: 1 year Sex: Male Color: Black

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Amy Thomas > 25372 N Lake Pleasant Pkwy
Jenna Manacki > Peoria, AZ 85383

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Kierstinn Lange [REDACTED]
Joseph Webber [REDACTED]
Kathy Webber [REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [Signature]


Date: 12-5-17

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On 11/28/2017 I took Axel to get neuter, that day his incision came lose, and he bled all over the house. We took him back to the Vet where they told me he Popped a blood vessel. They gave me Acepromazine 25mg tablet to make him sleep. The next day went by and the bleeding didn't stop, so we brought him back in. They told us they couldn't do anything and to keep giving him sleeping pills so he would lay down. We had to buy diapers, to subdue the bleeding. Another day went by and the bleeding still did not stop, we called and they told us to bring him back in. They checked him out and explained his incision had opened and prescribed more pain medication. That night went by and we woke up to puddles of blood, we called them and they told us they would call back. The dr. was in an appointment. Two hours later and we had received no phone call.

At that Point we had to take
him to a different Vet, The new
vet and saw him and Said
this was the worst she had ever
Seen. Today is 12/05/2017 and
Axel has been Seen by another vet.
In this one week Axel has lost
10lbs and a large amount of blood.
Has been in Pain, barley eating and
not acting himself.

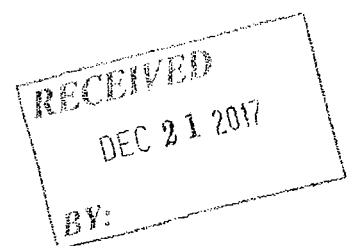
Chris 

Case 18-40 Jenna Manacki, DVM

Please find enclosed a personal statement, medical records of Axel Webber including lab reports, statement from members of the staff, and contact information of other parties involved with the case.

Submitted by Jenna Manacki, DVM on December 20, 2017

[REDACTED]



Jenna Manacki, DVM
[REDACTED]
[REDACTED]
[REDACTED]

December 18, 2017

Arizona State Veterinary Medical Examining Board
9535 E. Soubletree Ranch Rd. Ste. 100
Scottsdale, AZ 85258

Re: Case No. 18-40

To whom it may concern,

I have received the Board's December 7, 2017 correspondence regarding the complaint made against me by Christopher Weber concerning the neuter procedure I performed on "Axel" Webber. Enclosed, please find a copy of the patient's medical records. I am also providing the following narrative account of my care for the patient:

On the day of the neuter, November 28, 2017, I performed my pre-anesthetic physical exam. The exam was within normal limits, aside from the patient being too fractious to obtain a rectal temperature. The patient's lab work was unremarkable and I pre-medicated the patient with Midazolam and Butorphanol, as per Banfield's elective surgery protocol. The patient was induced with Propofol and prepared for surgery routinely. As I do with most neuters, I performed a closed castration with a pre-scrotal approach. Each spermatic cord was clamped in a three-clamp technique with a Miller's knot tied in the proximal crush and a Surgeon's knot in the distal crush. Prior to replacing the cords, each cut edge was examined for hemorrhage. The closure was a routine simple continuous in the subcutaneous tissue and an intradermal pattern in the skin. The entire surgery was performed with 2-0 Securcyl suture. The incision had suture glue placed sparingly over it to protect it. At the time of recovery, no ecchymoses was present and recovery was uneventful. The patient was also given injectable Rimadyl at the time of recovery. A 30 cm Elizabethan collar was placed on the patient.

Following the surgery, I called the owner, Chris, to inform him of the patient's recovery. I asked if he had any questions or concerns at that time for me to address, as the surgical discharges may occur without my knowledge while I am occupied with another case. The client assured me that he had no questions and we arranged a pick-up time. At the time of my post-operative exam the patient was fractious and had to be muzzled. The incision was intact and no excessive erythema or edema were present. At discharge my veterinary assistant went over our neuter handout, which stresses keeping the patient calm and keeping the Elizabethan collar on. The patient was also sent home with a 7-day supply of Rimadyl.

Approximately two hours after discharge the client called the clinic, concerned about blood draining from the incision. He was told to bring the patient back immediately. Upon presentation, the patient was fractious and had to be muzzled prior to restraint. There was moderate ecchymosis around the incision and the scrotum was mildly distended and soft. The incision was intact and no discharge was

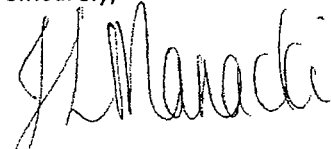
noted. I consulted with another veterinarian who works in our clinic, who advised that the owner should keep a diaper on the patient for compression purposes. I also advised strict rest to prevent the hematoma from progressing. It was explained to the owners that scrotal hematomas are one of the more common adverse events from neuters, especially in larger breeds and that Axel's condition was not out of the ordinary.

The client called the next evening stating that the patient was licking at his incision past the Elizabethan collar and making it bleed. I told the clients to bring Axel in so I could examine him. On presentation, the 30 cm Elizabethan collar adequately covered the patient's muzzle. The bruising around the incision and scrotum had increased mildly, the incision was intact with no visible discharge. I explained to the owners again that, while alarming, the hematoma will resolve with strict rest. The owners admitted that they could not keep the patient adequately calm and I prescribed acepromazine for this purpose. At the owner's request I also sent home out next largest Elizabethan collar, a 40 cm diameter collar. I advised the owner that the 40 cm collar was too large and that there was a risk that his head could slip out, however the owner insisted. I told the owners they could gently ice the area with a barrier for 5-10 min two to three times a day.

The remainder of the communications with these owners occurred with the Chief of Staff and Practice Manager as I was not working at the time. From what I understand, the patient presented over a week later due to worsening bruising around the incision site. The owners had not followed instructions on the diaper package and were not changing the diaper on the dog regularly. It was our Chief of Staff's opinion that although the incision had opened, the tissue was too friable to re-appose at that time. They were sent home with Rimadyl and Tramadol and told to strictly cage rest the patient. The clients went to seek a second opinion the next day and were told a scrotal ablation was necessary, however that clinic was not comfortable performing the procedure. Our clinic offered to perform the ablation, but the clients declined and took the patient to an emergency clinic. An ablation was performed along with an abdominal exploratory and no source of hemorrhage was identified. To the best of my knowledge, the patient is recovering.

In my professional opinion, I did all I could to prevent the scrotal hematoma from progressing. I stressed to the owners that while the bruising looks alarming it would resolve with rest and time. I provided the clients with Elizabethan collars, post-operative anti-inflammatories, and sedatives to help speed the healing, and instructed the owners to restrict Axel's activity. Based on the patient's condition at the time of presentation, my recommendations were appropriate. Unfortunately, despite the appropriate treatment and recommendations, the patient's condition further deteriorated to the point of needing an additional procedure. Please feel free to contact me if you need any additional information.

Sincerely,



Jenna Manacki, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

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VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M. - **Absent**
Mary Williams
Ed Hunter, R.Ph

STAFF PRESENT: Tracy Riendeau, CVT, Staff Investigator
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 18-40
Complainant(s): Christopher Webber
Respondent(s): Jenna Manacki, D.V.M. (License: 6719)

SUMMARY:

Complaint Received at Board Office: 12/7/17
Committee Discussion: 3/6/18
Board IIR: 4/18/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014
(Salmon); Rules as Revised September
2013 (Yellow).

On November 28, 2017, "Axel," a 1-year-old male German Shepherd was presented to Respondent for a neuter procedure. After discharge, the dog's scrotum began to swell and Respondent recommended strict rest and placing a diaper on the dog for compression purposes.

On December 4, 2017, Respondent's associate examined the dog and noted the inguinal skin was raw, red, and swollen with 1 cm of incisional dehiscence. The dog was discharged with antibiotics and instructions to continue to use acepromazine if Complainant was unable to follow strict cage/leash rest.

On December 5, 2017, the dog was presented to Vistancia Animal Hospital where a scrotal ablation was recommended.

Later that day, the dog was presented to VETMED Consultants for a scrotal ablation which was performed on December 6, 2017.

Complainant contends Respondent was negligent in the care of the dog.

**Complainant was noticed and was available telephonically.
Respondent was noticed and appeared with counsel, David Stoll.**

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Christopher Webber*
- Respondent(s) narrative/medical record: *Jenna Manacki, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Vistancia Animal Hospital; VETMED Consultants.*

PROPOSED 'FINDINGS of FACT':

1. On November 28, 2017, the dog was presented to Respondent for a neuter procedure. Upon exam, the dog had a weight = 70.4 pounds and a heart rate = 130bpm; temperature and respiration rate were unable to be obtained. All systems were within normal limits – fecal test = negative, heartworm/4DX test = negative, and blood work was performed; the dog was a surgical candidate.

2. An IV catheter was placed and fluids were initiated. The dog was pre-medicated with butorphanol and midazolam IM, induced with propofol and maintained on sevoflurane and oxygen. The neuter procedure was performed; spermatic cords were ligated with 2-0 securcryl and the incision was closed with 2-0 securcryl. The dog was administered Rimadyl post-surgery.

3. Respondent stated in her narrative that she called Complainant after the surgery to inform him of the dog's recovery. She asked if he had any questions since she may not be available at the time of discharge; Complainant did not have any questions. Prior to discharge, Respondent examined the dog – the dog was fractious and required a muzzle – at that time, the incision was intact and there was no excessive erythema or edema present. Technical staff discharged dog and went over the neuter hand-out, which stressed keeping the dog calm and the Elizabethan collar on. The dog was discharged with Rimadyl.

4. A couple hours after discharge, Complainant called to report that the dog's incision was bleeding; he was asked to bring the dog in to be evaluated. Respondent examined the dog's incision and noted bruising at the neuter site and the scrotum was full of blood – the neuter site was intact and no discharge was noted. Her diagnosis was scrotal hematoma.

5. Respondent recommended keeping a diaper on the dog for compression purposes – the fluid should reabsorb. She also recommended strict rest to prevent the hematoma from progressing. Respondent explained to Complainant that scrotal hematomas are one of the more common adverse events from neuters, especially in larger breeds, and that the dog's condition was not out of the ordinary.

6. The following day, the dog was presented to Respondent for a recheck. Complainant reported that the dog was licking at the incision past the Elizabethan collar and making it bleed. The dog was fractious – heart rate = 180bpm, temperature and respiration rate were not able to be obtained. Respondent noted excessive bruising around incision, edema in scrotum and an intact incision. She explained that while alarming, the hematoma would resolve with strict rest. Complainant admitted that they could not keep the dog calm, therefore Respondent dispensed acepromazine and the next size Elizabethan collar per Complainant's request, even though the 30cm collar that was sent home adequately covered the dog's muzzle. Respondent also advised Complainant that he could place ice packs to the area for 5 – 10 minutes 2 – 3 times a day.

7. On November 30, 2017, Complainant called stating that the acepromazine was not working sufficiently. Respondent's associate, Dr. Thomas, recommended starting with one 25mg acepromazine and increasing by a ½ tablet every hour up to two tablets. If two tablets did not work Complainant should call back.

8. On December 4, 2017, the dog was presented to Respondent's associates, Dr. Knisley and Dr. Thomas, for a recheck. Complainant reported that the dog's incision had opened. Dr. Knisley noted that the dog had a urine soaked diaper, the scrotum was significantly reduced and there was a small area of incisional dehiscence.

9. Dr. Thomas examined the dog, the inguinal area was raw and erythematous, with scrotal and peri-incisional hematoma. There was a 1 cm incisional dehiscence at the caudal aspect of the incision from which serosanguinous fluid could be expressed on palpation. The free margins were edematous and pulled apart, straining the adjacent suture line. There was no trauma to the scrotum and no apparent areas of devitalized tissue. Dr. Thomas spoke with Complainant with her findings – she expressed concern with the use of the diaper and that the condition of the inguinal skin could be attributed in part to the urine scald. Complainant felt that the diaper had greatly reduced the scrotal swelling. Dr. Thomas recommended keeping the diapers clean and dry at all times if they were going to continue to use them.

10. Dr. Thomas suspected that the dog could still reach the caudal aspect of the incision, resulting in dehiscence. She stated that they needed to restrict the dog's access to the incision and scrotum and recommended that Complainant use the larger of the two Elizabethan collars. Dr. Thomas advised that she would prescribe additional pain medication (tramadol); the dog could be chewing due to discomfort. She relayed that if they could not keep the dog calm, acepromazine should be used. Dr. Thomas stated that she would also dispense an antibiotic and send home an antibiotic cleanser to be used on the inguinal skin. Complainant was to continue Rimadyl.

11. Dr. Thomas also discussed surgical intervention with Complainant to close the incisional dehiscence. Her concern was about apposition and healing at that time due to the edematous nature of the skin.

12. On December 5, 2017, Complainant called to report that there was discharge from the incisional dehiscence and requested a call back from Respondent. Shortly thereafter, it was reported that Complainant took the dog elsewhere.

13. Later that day, the dog was presented to Dr. Dahlquist at Vistancia Animal Hospital for a second opinion. Exam showed a severe scrotal erythema, pain, swelling and neuter site dehiscence. The dog was bleeding slightly from the neuter site as well as ulcerations that had developed along the scrotum. Dr. Dahlquist recommended sedation, basic blood work, clotting time testing, clipping and cleaning, and additional antibiotics – Complainant agreed. After discussion the case with the premise owner, Dr. Dahlquist recommended the dog have a scrotal ablation/incision repair surgery but warned that the area was so damaged, the surgery site may dehisce or it may not heal well, he may need multiple surgeries, surgical grafts or specialty surgical techniques. She discussed the possibility of sepsis, peritonitis, and worsening

necrosis/inflammation, recommended surgery as soon as possible to reduce these complications, and recommended starting the additional antibiotics – Complainant agreed. Dr. Dahlquist advised Complainant that she was not experienced and recommended a practitioner that was highly experienced or a board certified surgeon perform the surgery.

14. Dr. Dahlquist called Respondent's premise who offered to perform the surgery there by a different doctor at half the regular cost. The information was relayed to the pet owner; he did not want to return to Banfield and elected to take the dog to VETMED Consultants.

15. That day the dog was presented to VETMED Consultants for a surgical consultation. Dr. Grant examined the dog and found post-neuter scrotal hematoma, mild active bleeding, infection/possible abscess and ulceration of the scrotal skin. She recommended surgical explore, scrotal ablation with possible abdominal exploration if either pedicle could not be identified; Complainant agreed.

16. The following day, Dr. Serratore performed the scrotal ablation on the dog. The left spermatic cord ligation appeared in tact, the right spermatic cord was the source of the bleeding. An abdominal explore was also performed to examine the right spermatic cord internally. As much of the cord as possible was ligated and removed. The dog was discharged later that day and instructed to administer Tramadol, Rimadyl, Enrofloxacin, Clavamox and Acepromazine as needed.

17. Complainant expressed concerns that the neuter was not performed properly, the dog lost 10 pounds, a large amount of blood and was in pain and barely eating.

COMMITTEE DISCUSSION:

The Committee discussed that hematomas can occur after surgery and hope Respondent has learned from this experience. It is important that doctors stay in touch with clients that have issues. Complainant may have embellished the scenario, as these things can be frightening to a lay person; the dog was having some discharge but not bleeding all over the place.

The Committee further discussed that Respondent works in a multi-doctor practice, associates also saw the dog and it was their responsibility as well to follow up with the pet owner. They did not feel the case was handled appropriately; there was clearly hemorrhage from the spermatic cord and the hematocrit went from 54% to 34% over a 7 day period, which is significant. However, if the dog had been bleeding the day of surgery when it re-presented to Respondent to the extent Complainant had stated, surgery most likely would have been performed at that point.

Respondent is an inexperienced practitioner but did confer with more experienced associates in the practice. The Committee felt the practice as a whole failed the dog, however, not necessarily Respondent alone.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.


COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division